2009-2010 **FORM 40** **FHOUSE**

FRESNO STATE
California State University, Fresno

Financial Aid Office
5150 N. Maple Avenue, M/S JA 64
Fresno, CA 93740-8026
Phone: (559) 278-2182 Fax: (559) 278-4833

Housing Certification

STUDENT ID	STUDENT LAST NAME	STUDENT FIRST NAME	PHONE NUMBER (with area code)

PLEASE PRINT IN BLACK INK

Please complete all fields below including the street address where you will be living while in school.

I certify that during the Fall 2009 – Spring 2010 semesters I will be living with (check one):

- ☐ parents
- ☐ relatives
- ☐ dorms
- ☐ other off campus housing

My address as of _____ is:
DATE mm/dd/yyyy

ADDRESS WHILE ATTENDING SCHOOL

CITY STATE ZIP CODE

By signing this form, I certify that all the information reported on it is complete and correct.

Student Date

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.